

5532

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 2093

17 OF DEATH AND 29 RESIDENCE 2472	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 37 yrs IN ARIZONA 37 yrs		2. USUAL RESIDENCE A. STATE Arizona		B. COUNTY Maricopa					
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS					
	D. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Rest Home				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>							
EDENT SONAL DATA 83	3. NAME OF DECEASED (TYPE OR PRINT) RUMHEMA		A. (FIRST) B. (MIDDLE) C. (LAST) LOUISE PERKINS		4. SEX FEMALE		5. COLOR OR RACE WHITE					
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR Dec. 24 1875		8. AGE (IN YEARS) LAST BIRTHDAY 83		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) At Home					
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ill.		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No					
759	14A. FATHER'S NAME Milton Sylvester Shoemaker		14B. BIRTHPLACE (STATE OR COUNTRY) Unk		15A. MOTHER'S MAIDEN NAME Martha Burdick		15B. BIRTHPLACE (STATE OR COUNTRY) Unk					
	16. INFORMANT'S SIGNATURE Elbert R. Wright				17. DATE OF DEATH July 4th 1959							
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Thrombosis, cerebral DUE TO (B) Gen'l arteriosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 3 days 57 hrs.			
RATIONS UTOPSY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1958 TO July 4, 1959, THAT I LAST SAW THE DECEASED ALIVE ON July 2, 1959, AND THAT DEATH OCCURRED AT 4:20 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										22C. DATE SIGNED July 7, 1959	
	22A. SIGNATURE (DEGREE OR TITLE) J. J. Toman		22B. ADDRESS 550 W. Thomas Ave. Phoenix, Ariz.									
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) Phoenix		23D. (COUNTY) Maricopa		23E. (STATE) Ariz.			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?							
	24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED			
FUNERAL DIRECTOR AND REGISTRAR 2	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE July 7, 1959		25C. NAME OF CEMETERY OR CREMATORY Greenwood		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Ariz.					
	26A. DATE REC. BY LOCAL REG. 7/7/59		26B. REGISTRAR'S SIGNATURE J. J. Toman		27A. FUNERAL DIRECTOR'S SIGNATURE J. J. Toman		27B. ADDRESS					
	28A. EMBALMER'S SIGNATURE J. J. Toman		28B. EMBALMER'S CERT. NO. 150a									